

NEW MEXICO OFFICE OF SUPERINTENDENT OF INSURANCE
SYSTEM FOR ELECTRONIC RATE AND FORM FILINGS

SERFF FEE SCHEDULE FORM

Life and Health

NMSA §59A-6

- Complete this form

Remit to:

NM OFFICE OF SUPERINTENDENT OF INSURANCE
PO Box 1269
Santa Fe, New Mexico 87504-1269

Physical Address:
1120 Paseo de Peralta
Santa Fe, New Mexico

MAKE CHECK PAYABLE TO NM OFFICE OF SUPERINTENDENT OF INSURANCE

INSURER NAME & Address (Exact)	Line of Business-life, health, etc.
Company Code	SERFF Tracking ID

FORM OR RATES FEE SCHEDULE
FEES ARE PAID IN ACCORD WITH NMSA 1978 59A-6-1
RETALITORY FEES are not APPLICABLE IN NM

Record the quantity

1. RATES.....	\$50.00 EACH.....	QTY().....	\$ _____
2. MAJOR FORM.....	\$30.00 EACH.....	QTY().....	\$ _____
3. INCIDENTAL FORMS ..	\$15.00 EACH.....	QTY().....	\$ _____

LINE ITEM # 49 **TOTAL** \$ _____

FOR INSURANCE DIVISION USE ONLY

PROCESSING FEE \$ _____

LINE ITEM # 49 **TOTAL** \$ _____

GRAND TOTAL \$ _____

FOR INSURANCE DIVISION USE ONLY

RECORD INFORMATION BELOW

CHECK # _____

AMOUNT REMITTED \$ _____

FINANCIAL AUDIT REVIEWER _____

Reviewer _____

Received Date Stamp L&H

Received Date Stamp Fin. Audit